

# January 2014 Medicare PPO and POS Plans Comparison

	Aetna ESA PPO	KelseyCare Advantage POS	
Benefit	Network and Non-Network	Network	Non-Network
Service Area	Nationwide	Brazoria, Chambers, Ft. Bend, Galveston zip codes - 77510,77511, 77517, 77518, 77539, 77546, 77549, 77563, 77565, 77568, 77573, 77574, 77590, 77591, 77592, Harris, Liberty, Montgomery and Waller	
Annual Deductibles	None	None	
Maximum Annual Out-of-Pocket Costs	\$3,500 for certain services	\$1,500 for certain services	
Lifetime Maximum	None	None	
PCP	\$15 copayment	\$0 copayment	No coverage
Specialist	\$15 copayment	\$15 copayment	20% of Medicare-approved fee
Chiropractic	\$15 copayment	\$15 copayment	20% of Medicare-approved fee
Podiatry	\$15 copayment	\$15 copayment	20% of Medicare-approved fee
Inpatient Hospital	\$0 copayment	\$300 copayment	\$1,000 days 1-60 \$250/day - days 61-90 \$500/day - days 91-150
Emergency Room	\$50 copayment	\$50 copayment	
Ambulance	\$15 copayment	\$100 copayment for emergency and non-emergency	\$100 copayment
Urgent Care Center	\$15 copayment	\$50 copayment	No coverage
Lab & X-Ray	\$15 copayment	\$0 copayment	20% of Medicare-approved fees
Therapeutic Radiology (treatment of cancer and other diseases with radiation)	\$15 copayment	\$15 copayment	20% of Medicare-approved fees
Physical Therapy	\$15 copayment	\$15 copayment	No coverage
Occupational Therapy	\$15 copayment	\$15 copayment	No coverage
Immunizations	\$0 copayment	\$0 copayment	No coverage
Home Health	\$0 copayment	\$0 copayment	No coverage
Skilled Nursing	\$0/day - days 1-10 \$25/day - days 11-20 \$50/day - days 21-100 100 days maximum each benefit year	\$0/day - days 1-20 \$100/day - days 21-100 100 days maximum each benefit year	No coverage
Renal Dialysis	\$15 copayment per session	\$50 copayment per session	No coverage
Durable Medical Equipment	15% coinsurance	10% coinsurance	No coverage
Prosthetic Devices	15% coinsurance	20% coinsurance	No coverage
Diabetic Equipment	\$0 copayment	20% coinsurance	No coverage
Diabetic Supplies	\$0 copayment	20% coinsurance	No coverage
Diabetic Monitoring / Training	\$0 copayment	\$0 copayment	No coverage
Diabetic - Injectable Insulin (30-day supply)	See prescription drug benefit	See prescription drug benefit	
Colorectal Screening	\$0 copayment	\$0 copayment	No coverage
Hospice	Covered by Medicare at Medicare-certified facility	Covered by Medicare at Medicare-certified facility	
Well-Woman Exam	\$0 copayment	\$0 copayment	No coverage
Well-Man Exam	\$0 copayment	\$0 copayment	No coverage

	Aetna ESA PPO	KelseyCare Advantage POS	
Benefit	Network and Non-Network	Network	Non-Network
Outpatient Surgery			
Hospital	\$0 copayment	\$175 copayment	20% of Medicare-approved fees
Ambulatory	\$0 copayment	\$150 copayment	20% of Medicare-approved fees
Mental Health			
Inpatient	\$0 copayment	\$300	No coverage
Outpatient	\$15 copayment	\$35 copayment	No coverage
Substance Abuse & Chemical Dependency			
Inpatient	\$0 copayment	\$300	No coverage
Outpatient	\$15 copayment	\$35 copayment	No coverage
Prescriptions			
Retail			
		Network	Non-Network
No Cost Generics	\$0 copayment	-	-
Generic (preferred)	\$5 copayment	\$10 copayment	\$15 copayment
Non-preferred Generic	\$25 copayment	\$30 copayment	\$35 copayment
Preferred Brand	\$40 copayment	\$30 copayment	\$35 copayment
Non-Preferred Brand	\$75 copayment	\$45 copayment	\$50 copayment
Specialty Drugs	\$75 copayment	\$45 copayment	\$50 copayment
Prescriptions filled out-of-network for KelseyCare POS will cost \$5 more than in-network. Preferred or network pharmacies are Walmart, Sam's Club, Kelsey-Seybold and H-E-B.			
Mail Order			
No Cost Generics	\$0 copayment	90-day supply for a 3-month copayment (as listed) is provided at the local pharmacy. Kelsey-Seybold pharmacies will mail prescriptions upon request.	
Generic	\$10 copayment		
Non-preferred Generic	\$50 copayment		
Preferred Brand	\$80 copayment		
Non-Preferred Brand	\$150 copayment		
Specialty Drugs	\$150 copayment		
Medicare Part B Drugs	100% covered with no copayment	15% until annual out-of-pocket max = \$1,500 then 100%	
Additional Benefits			
Dental	N/A	\$0 for Medicare-covered benefits	No coverage
Vision (routine)	\$0 copayment	\$0 copayment per annual exam	No coverage
Eyewear	\$70 every 24 months	\$50 maximum per year	No coverage
Hearing (routine)	\$0 copayment	\$15 copayment per annual exam	No coverage
Hearing aids	\$500 every 36 months	Discount up to 20% per year	No coverage
If there exists a conflict between this Comparison Chart and the official plan documents for each plan, the official plan documents will prevail. The city of Houston reserves the right to change, modify, increase or terminate any benefits.			